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CONFIRMATION NO. 3142

<b>SERIAL NUMBER</b> 10/517,112	<b>FILING OR 371(c) DATE</b> 12/03/2004 <b>RULE</b>	<b>CLASS</b> 005	<b>GROUP ART UNIT</b> 3673	<b>ATTORNEY DOCKET NO.</b> 7175-76224
<b>APPLICANTS</b> John Arnold Faux, Oldenburg, IN; Jon C. Tekulve, Milan, IN; Troy D. Acton, St. Paul, IN; Gary Allen Vandembark, Markleville, IN; Glenn L. Ellis, Indianapolis, IN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/18875 06/13/2003 which claims benefit of 60/389,212 06/17/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 26
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23643				
<b>TITLE</b> Apparatus for pulling patient up in bed				
<b>FILING FEE RECEIVED</b> 946	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	